IPDR6702				NORTH CAROLINA		p.	AGE: 1	
RUN DATE	04/15/2007			RS CHECKWRITE SUMMARY REPORT				
			1	CHECKWRITE DATE: 04/17/2007 FINANCIAL PAYER: NCDMH				
				Tarantana Inina. Nobeli				
PROVIDER		HTOH DENTAL	MIMDED OF				TOTAL	TOTAL
NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC	TOTAL DENIALS	CLAIMS FINALIZED	CLAIMS PAID
	TROVEDER MINE				DINTING	DBITTIES	THEFT	IMID
3404901	SMOKY MOUNTAINM	8535	313	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM.				
	H/DD/SAS			PLEASE RESUBMIT THE CLAIM WITH				
		8534	115	SERVICE FACILITY LOCATION IS N	0	469	469	(
				OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8536	41	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404904	WESTERN HIGHLAN	8505	335	CLAIM DENIED DUE TO INSUFFICIE				
	DS LME			NT BUDGET				
		0	0		0	335	365	30
3404910	PATHWAYS	21	339	DUPLICATE OF CLAIM-SYSTEM				
	LAIMMIS							
		23	58	SERVICE REQUIRES PRIOR APPROVA	41	694	6044	5340
		-		L	41	694	6044	5340
		8000	48	NO RATE AVAILABLE ON FILE TO P				
		8000	40	RICE THIS CLAIM DETAIL				
2404010		0500		DETAIL NOT COVERED BY COMBINAT				
3404912	CATAWBA COUNTYM ENTAL HEALT	8599	2	ION OF RECIPIENT, PROVIDER AND				
	ENTAD HEADT			BENEFIT PACKAGE.				
		8537	1	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND	0	4	768	764
				SPECIALTY IN ACCORDANCE TO MEN				
		4807	1	SERVICE DENIED. UNIT LIMITATIO N HAS BEEN EXCEEDED FOR THIS				
				SERVICE				
3404913	MECKLENBURG COM	8505	15607	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	ENTAL HEALT			NI BUDGEI				
		8800	877	FURTHER PROCESSING NECESSARY,	0	17001	17040	39
				PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		11	167	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404916	CROSSROADS BEHA	8505	138	CLAIM DENIED DUE TO INSUFFICIE				
	VIORAL HEAL			NT BUDGET				
		8800	80	FURTHER PROCESSING NECESSARY,	0	224	2625	2401
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8534	3	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404917	CENTERPOINT HUM	8505	4507	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		23	33	SERVICE REQUIRES PRIOR APPROVA	0	4656	5950	1294
				L .		7030	3950	1294
		5404	29	SEVERE DUPLICATE: SAME ATTD PR				
			-	OV/PCODE/TOS/DOS/MOD				
-								
3404910		9505	1524	CLAIM DENTED DIE TO INCUSSIONS				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	1534	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	THE REPORT OF							
					1			L

		1			1	I	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
			1					
		8599	154	DETAIL NOT COVERED BY COMBINAT	0	1940	2015	75
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8536	131	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
2404020		21	181	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASWEL	21	181	DUPLICATE OF CLAIM-SYSTEM				
	L AREA MH D							
		8599	56	DETAIL NOT COVERED BY COMBINAT	0	220	2165	1025
				ION OF RECIPIENT, PROVIDER AND	0	330	2165	1835
				BENEFIT PACKAGE.				
		3411	31	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404921	ORANGE PERSON C	5312	1556	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
			L					
		8505	1476	CLAIM DENIED DUE TO INSUFFICIE	0	3264	5229	1965
		1		NT BUDGET				
	1	21	74	DUPLICATE OF CLAIM-SYSTEM	1			
		41	74	DOFDICALE OF CDAIM-SISTEM	-			
			 		 			
	1	1	 	+	 			
3404922	THE DURHAM CENT	8505	3261	CLAIM DENIED DUE TO INSUFFICIE	<u> </u>			
	ER ER		 	NT BUDGET	 			
	2120							
		8800	442	FURTHER PROCESSING NECESSARY,	28	4229	9841	5612
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		21	320	DUPLICATE OF CLAIM-SYSTEM				
2404000		9536	124	APPENDING DEGITTED BYDE AND CO				
3404923	FIVE COUNTY MH	8536	124	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	1			
				VALID FOR SUBMITTED BILLING PR				
		3411	55	PROVIDER TYPE AND SPECIALTY 07		200	0500	2000
		3411	33	4/113 CANNOT BILL ENHANCED	0	300	2582	2282
				BENEFIT SERVICES ON OR AFTER D				
		8599	26	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404925	SANDHILLS CENTE	8505	2331	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		21	110	DUPLICATE OF CLAIM-SYSTEM	2	2663	5769	3106
		1	ļ		1			
		1						
		8599	84	DETAIL NOT COVERED BY COMBINAT	 			
			H	ION OF RECIPIENT, PROVIDER AND				
		1	 	BENEFIT PACKAGE.	 			
			 		<u> </u>			
3404926	SOUTHEASTERN RE	8800	176	FURTHER PROCESSING NECESSARY,	1			
				PLEASE CHECK FOR CLAIM ON	1			
	G MENTAL HL		1	FUTURE RA'S.	-			
	G MENTAL HL			101002 101 0.				
	G MENTAL HL			TOTAL IN S.				
	G MENTAL HL	8505	16	CLAIM DENIED DUE TO INSUFFICIE	0	269	1240	971
	G MENTAL HL	8505	16		0	269	1240	971
	G MENTAL HL	8505	16	CLAIM DENIED DUE TO INSUFFICIE	0	269	1240	971
	G MENTAL HL			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	0	269	1240	971
	G MENTAL HL	8505 8599	16	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0	269	1240	971
	G MENTAL HL			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	269	1240	971
	G MENTAL HL			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0	269	1240	971
		8599	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEPIT PACKAGE.	0	269	1240	971
3404927	CUMBERLAND CO M			CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0	269	1240	971
		8599	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND SENEPIT PACKAGE.	0	269	1240	971
	CUMBERLAND CO M	8599	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE	0	269	1240	971
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
	CUMBERLAND CO M	8599	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT	0		1240	
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT				
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT LON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
	CUMBERLAND CO M	8599 8505	12	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLAIM DENIED DUE TO INSUFFICIE NT BUDGET DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. CLIENT ID NUMBER NOT ON STATE				

PROVIDER	1		1	T		1	1	
		HIGH DENIAL	NUMBER OF		marc	momar	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	TNC DENIALS	TOTAL	CLAIMS FINALIZED	CLAIMS
	PROVIDER NAME				DENTALS	DENTALS	FINALIZED	FAID
3404930	JOHNSTON COUNTY	23	66	SERVICE REQUIRES PRIOR APPROVA				
	MNTL HLTHC			L				
		10	63	DIAGNOSIS OR SERVICE INVALID F	0	203	2072	1869
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
		8599	35	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				BEREFII FACRAGE.				
3404931	MAKE OF THE ONG	8505	185	CLAIM DENIED DUE TO INSUFFICIE				
	WAKE CO HUM SVC BILLING OF			NT BUDGET				
	BIBLING OF							
		8599	151	DETAIL NOT COVERED BY COMBINAT	37	431	784	353
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8935	26	ASTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
2404222		10	102	DATA CONTROL OF CONTRO				
3404933	SOUTHEASTERN CT	10	123	DIAGNOSIS OR SERVICE INVALID F				
	R FOR MH/DD	1		OR CLIENT AGE. VERIFY CID,				
		1		DIAGNOSIS, PROCEDURE CODE FOR				
		79	9	THIS SERVICE IS NOT PAYABLE TO	1			
		13	-	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	150	255	105
		-	-	PROVIDER TYPE AND SPECIALTY IN	-			
	1	+	 	JEEN TILE AND SECTEDIT IN	 			
		8599	6	DETAIL NOT COVERED BY COMBINAT	—			
			-	ION OF RECIPIENT, PROVIDER AND				
		+	 	BENEFIT PACKAGE.				
-								
3404934	ONSLOW CARTERET	8599	450	DETAIL NOT COVERED BY COMBINAT				
	BEHAV HEAL			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	206	CLIENT ID NUMBER DOES NOT MATC	0	905	1836	931
				H PATIENT NAME				
		8534	67	SERVICE FACILITY LOCATION IS N				
				OT A VALID IPRS ATTENDING				
				PROVIDER. PLEASE VERIFY THE F				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0			_		_
		•			0	0	0	0
3404936	WILSON-GREENE M	8505	569	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
					 			
		+						
	1							
		8599	5	DETAIL NOT COVERED BY COMBINAT	0	578	1569	991
		8599	5	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	0	578	1569	991
-		8599	5		0	578	1569	991
		8599	5	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	578	1569	991
		8599 79	3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO	0	578	1569	991
			3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	578	1569	991
			3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO	0	578	1569	991
		79	3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	578	1569	991
3404937	EDGECOMBE NASH		3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING	0	578	1569	991
3404937	EDGECOMBE NASH	79	3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	578	1569	991
3404937		79	3	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	578	1569	991
3404937		79	3 42	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM				
3404937		79	3 3 42 7	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07	0		1569	
3404937		79	3 3 42 7 7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY OF 4/113 CANNOT BILL ENHANCED				
3404937		79	3 3 42 7 7	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07				
3404937		79 21 3411	3 3 42 7 7 3	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404937		79	7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND				
3404937		79 21 3411	7	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404937		79 21 3411	7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR				
	MENTL HLTH C	79 21 3411	7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR				
	NOTE HETH C	79 21 3411 8518	7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404937	MENTL HLTH C	79 21 3411 8518	7	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY O7 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT				
	NOTE HETH C	79 21 3411 8518	7	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY O7 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND				
	NOTE HETH C	79 21 3411 8518	7	ION OF RECIPIENT, PROVIDER AND BENETI PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY O7 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND		57	1043	986
	NOTE HETH C	79 21 3411 8518	7 3 51	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY O7 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	57	1043	986
	NOTE HETH C	79 21 3411 8518	7 3 51	ION OF RECIPIENT, PROVIDER AND BENETIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY O7 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N	0	57	1043	986
	NOTE HETH C	79 21 3411 8518	7 3 51	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING	0	57	1043	986
	NOTE HETH C	79 21 3411 8518	7 3 51	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	57	1043	986
	NOTE HETH C	79 21 3411 8518 8599	7 3 3 51 51 29	ION OF RECIPIENT, PROVIDER AND BENETT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING FROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY OF 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPEASE VERIFY THE F ONLY 16 UNITS ALLOWED DER DAY NITHOUT PRIOR	0	57	1043	986
	NOTE HETH C	79 21 3411 8518 8599	7 3 3 51 51 29	ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN DUPLICATE OF CLAIM-SYSTEM PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D CLAIM DENIED, SUBMITTED BEYOND FILING TIMELINIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. SERVICE FACILITY LOCATION IS N OT A VALID IPSS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	57	1043	986

				1	I	I	TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404941	PITT CO MH/DD/S	79	196	THIS SERVICE IS NOT PAYABLE TO				
	AS CENTER			YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		21	83	DUPLICATE OF CLAIM-SYSTEM				
1			03	borness of child brothe	0	379	1540	1161
		8599	24	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
				ONLY 16 UNITS ALLOWED PER DAY				
3404942	ROANOKE CHOWANH	8654	19	WITHOUT PRIOR				
	UMAN SERVIC			APPROVAL. PLEASE CORRECT THE				
1				ILLIOVILL. ILLION COMMET III				
1		8518	7	CLAIM DENIED, SUBMITTED BEYOND	1	28	2122	2094
				FILING TIMELIMIT. PRIOR	_	20	2122	2051
				FISCAL YEAR DOS (JULY 1 - JUNE				
		191	1	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
								
3404943	21 DDW2D1 D 1	191	25	CLIENT ID NUMBER DOES NOT MATC			 	
	ALBEMARLE MENTA			H PATIENT NAME			 	
	L HEALTH CE	1				1	 	
		8599	16	DETAIL NOT COVERED BY COMBINAT	18	99	942	843
				ION OF RECIPIENT, PROVIDER AND	-			
				BENEFIT PACKAGE.				
		8931	14	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404944	DA OMBOTAMBO TITOLO	8599	32	DETAIL NOT COVERED BY COMBINAT				
3101311	EASTPOINTE HUMA N SERVICES	0333	32	ION OF RECIPIENT, PROVIDER AND				
	N SERVICES			BENEFIT PACKAGE.				
		8621	20	60 RESIDENTIAL LEVEL III TREAT	2	85	2472	2387
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		191	10	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404946	FOOTHILLS AREAM	8505	1065	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
	INTILL IIIIIII							
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3404957	TIDELAND MENTAL	8599	33	DETAIL NOT COVERED BY COMBINAT			 	
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND			t e	
				BENEFIT PACKAGE.				
		21	9	DUPLICATE OF CLAIM-SYSTEM	5	59	1343	1284
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		79	6	THIS SERVICE IS NOT PAYABLE TO			 	
	<u> </u>	1.5	-	YOUR SUBMITTED BILLING		1	 	
				PROVIDER TYPE AND SPECIALTY IN			 	
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		8534	12	SERVICE FACILITY LOCATION IS N				
3404979	NEW RIVER AREAM		1	OT A VALID IPRS ATTENDING				
3404979	NEW RIVER AREAM H/DD/SA PRO							T .
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3404979		8599	4	PROVIDER. PLEASE VERIFY THE F DETAIL NOT COVERED BY COMBINAT	0	17	33	16
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